

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029347

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 281

Primary Registration District No. 1272

Registrar's No. 186

STATE FILE NUMBER

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Junction		c. CITY OR TOWN Burlington Junction Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Anna Middle Belle Last Pitkin		4. DATE OF DEATH Month July Day 31 Year 1963	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/1877 9. AGE (last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME James W. Smith		11b. MOTHER'S MAIDEN NAME Adaline Johnston	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		12b. SOCIAL SECURITY NO. 186	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cerebral Arteriosclerosis DUE TO (b) ? DUE TO (c) ?		14. NAME OF HUSBAND OR WIFE Harry W. Pitkin	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:14 AM Month, Day, Year July 31, 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Burlington Junction Mo COUNTY Nodaway STATE Missouri	
21. I attended the deceased from July 31, 1963 to July 31, 1963 and last saw her alive on July 31, 1963 . Death occurred at 4:14 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James W. Smith (Degree or title)		22b. ADDRESS Marionville Mo	
22c. DATE SIGNED 8/2/63		22d. DATE RECD. BY LOCAL REG. 8-3-68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/3/63	
23c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery		23d. LOCATION (City, town, or county) Burlington Jct Mo	
24. EMBELMER'S SIGNATURE J R Hahn ADDRESS Burlington Jct Mo		25. REGISTRAR'S SIGNATURE Beas 16ult	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2965

P. O. Address Burlington, Vt
Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.